## PATENT APPLICATION

| DECLARATION  | AND POWER  | OF ATTORNEY |
|--------------|------------|-------------|
| FOR PATENT A | PPLICATION |             |

- grad 18 19

ATTORNEY DOCKET NO. 70021175-1

| As a | below | named | inventor. | I hereby | deci | are that: |
|------|-------|-------|-----------|----------|------|-----------|

My residence/post office address and citizenship are as stated below next to my name;

| I beli ve I am the original, firs<br>joint inventor (if plural names<br>patent is sought on the invent<br>Light Emitting Diode Utilizing                  | are listed below) of the<br>ion entitled:                                        | subject matter wh                                                                     | below) or an original, first and lich is claimed and for which a Color Conversion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| the specification of which is a                                                                                                                           | attached hereto unless th                                                        | ne following box is cl                                                                | necked:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ( ) was filed onand                                                                                                                                       | as US Application was amended on                                                 | cation Serial No. or P                                                                | CT International Application applicable).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| I hereby state that I have re<br>including the claims, as ame<br>disclose all information which                                                           | nded by any amendmen                                                             | t(s) referred to above                                                                | above-identified specification, e. I acknowledge the duty to CFR 1.56.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Foreign Application(s) and/or Claim o                                                                                                                     | f Foreign Priority                                                               | •                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                           | id have also identified below a                                                  | any foreign application for                                                           | any foreign application(s) for patent or<br>patent or inventor(s) cartificate having                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| COUNTRY                                                                                                                                                   | APPLICATION NUMBER                                                               | DATE FILED                                                                            | PRIORITY CLAIMED UNDER 35 U.S.C. 119                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                           |                                                                                  |                                                                                       | Y68; NO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                           |                                                                                  |                                                                                       | YES: NO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Provisional Application I hereby claim the benefit under Titibelow:                                                                                       | e 35, United States Code Sec                                                     | ction 118(e) of any United                                                            | States provisional application(s) listed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                           | PPLICATION SERIAL NUMBER                                                         | FILING DATE                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ·                                                                                                                                                         |                                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| manner provided by the first paragra                                                                                                                      | aph of Title 35, United States<br>ode of Federal Regulations, Se                 | Code Section 112, I ack<br>action 1.56(a) which accurance in the con-<br>application: | e prior United States application in the nowledge the duty to disclose material rred between the filling date of the prior patented/pending/abandoned)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                           |                                                                                  | <u> </u>                                                                              | The state of the s |
|                                                                                                                                                           |                                                                                  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| POWER OF ATTORNEY: As a named inventor, I hereby applications in the Patent and Trademar Customer Number                                                  | k Office connected therewith:                                                    | ) and/or agent(s) to pros                                                             | ecute this application and transact all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ·                                                                                                                                                         | <del> </del>                                                                     | Label here                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Send Correspondence to: AGILENT TECHNOLOGIES, INC. Legal Department, DL429 Intellectual Property Administrati P:O. Box 7599 Loveland, Colorado 80537-0599 | (925) 865-0413                                                                   | ) To:<br>or                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| made on information and b                                                                                                                                 | elief are believed to be<br>villful false statements<br>or Section 1001 of Title | true; and further the<br>and the like so m<br>18 of the United St                     | are true and that all statements at these statements were made ade are punishable by fine or ates Code and that such willfunt issued thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Full Name of Inventor: Kee Year                                                                                                                           | Ng                                                                               | Citizenship: M                                                                        | alaysia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                           | nan Kikik. Tmn Inderawa                                                          | isih.                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Post Office Address: 13600 F                                                                                                                              | rai, Pg                                                                          |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| - Maria                                                                                                                                                   |                                                                                  | 714                                                                                   | - July 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 70021175-1

| Full Name of # 2 joint inventor: | Wen Ua Ou                        |             | Citizenship:                                     | Malaysian   |
|----------------------------------|----------------------------------|-------------|--------------------------------------------------|-------------|
| Residence:                       | F-0-11, Flat Uda, Tanjung Tokong | ),          |                                                  |             |
| Post Office Address:             | 10470 Penang, Malaysia           |             |                                                  |             |
| Inventor's Signature             |                                  | Date        | th Jul                                           | y 2003      |
| Full Name of # 3 joint inventor  |                                  |             | Citizenship:                                     |             |
| Residence:                       |                                  |             | ·                                                |             |
| Post Office Address:             |                                  | <del></del> | <del>- ,</del>                                   |             |
| Inventor's Signature             |                                  | Date        | · · · · · · · · · · · · · · · · · · ·            |             |
|                                  |                                  |             |                                                  |             |
| Full Name of # 4 joint inventor  |                                  | <del></del> | Cktizenship:                                     |             |
| Residence:                       |                                  | <del></del> |                                                  |             |
| Post Office Address:             | <u> </u>                         | <u> </u>    | ····                                             |             |
| inventor's Signature             |                                  | Date        |                                                  |             |
|                                  |                                  |             | 1.                                               |             |
| Full Name of # 5 joint inventor  | •                                |             | Citizenship:                                     |             |
| Residence:                       |                                  |             |                                                  |             |
| Post Office Address:             | *                                | ,           | <del></del>                                      |             |
| Inventor & Signature             |                                  | Date        | <del>.,</del>                                    |             |
|                                  |                                  |             |                                                  | •           |
| Full Name of # 6 joint inventor  | r                                |             | Citizenship:                                     |             |
| Residence:                       |                                  |             |                                                  |             |
| Post Office Address;             |                                  |             |                                                  |             |
|                                  |                                  |             |                                                  |             |
| Inventor's Signature             |                                  | Date        |                                                  |             |
|                                  |                                  |             | ****                                             |             |
| Full Name of # 7 joint Invento   | **                               | <del></del> | Citizenship:                                     |             |
| Residence:                       |                                  | <del></del> |                                                  |             |
| Post Office Address:             |                                  |             |                                                  |             |
| INVENTOR'S Signature             |                                  | Date        | <del>,,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <del></del> |
| Full Name of # 8 joint invento   | or                               |             | Citizenship:_                                    |             |
| Residence:                       |                                  |             |                                                  |             |
| Post Office Address:             |                                  |             |                                                  |             |
|                                  |                                  |             |                                                  |             |
| inventor a signature             |                                  | Date        |                                                  |             |